

EXHIBIT “H”

COMMON POLICY DECLARATIONS (continued)

POLICY NUMBER: BRL8000034

The Named Insured is:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Organization/Corporation
<input type="checkbox"/> Trust	
<input type="checkbox"/> Other _____	
Location of Business: 6700 S. Centinela Blvd , 3rd floor CULVER CITY, CA 90230	Business Description: FOR PROFIT ENTITY

THESE DECLARATIONS TOGETHER WITH THE COVERAGE PART DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

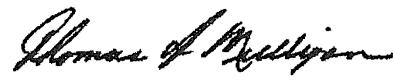
WESTERN WORLD INSURANCE GROUP

Western World Insurance Company
Tudor Insurance Company
Stratford Insurance Company

Administrative Office
400 Parson's Pond Drive
Franklin Lakes, New Jersey 07417-2600

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.


Secretary


President

Countersigned:	By _____
03/10/2014 RENTKOGH	Authorized Representative

SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER: BRL8000034	NAMED INSURED Professional Collection Consultants
Form/Endorsement No./Edition Date Title (Note- Titles are indications only. See actual form for correct name.)	
WW230(08_11) WW22(02_13) IL0017(11_98) D-2(07_11) WWCA01(12_11) DEL02(10_11) DEL01(02_12) DEL16(01_11) DEL17(03_10) DEL19(03_10) DEL56(07_12) DEL74(10_11) DEL76(10_11) DEL88(10_11) DEL94(07_12) DEL98(06_13) DEL100(08_13) DEL102(08_13)	COMMON POLICY DECLARATIONS SERVICE OF SUIT COMMON POLICY CONDITIONS CALIFORNIA NOTICE CALIFORNIA DISCLOSURE NOTICE PREMIUM REFUND DIRECTORS OFFICERS INSURED ENTITY DECLARATIONS DIRECTORS OFFICERS INSURED ENTITY COVERAGE FORM PAYMENT OF DEFENSE COSTS REDUCES LIMITS OF INSURANCE ASBESTOS EXCLUSION POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INS CVG BACKDATED PENDING AND PRIOR LITIGATION EXCLUSION SHARED LIMITS ENDORSEMENT PRIVATE COMPANY LIMITATION ENDORSEMENT RELIANCE UPON ANOTHER'S APPLICATION ENDORSEMENT EXTENDED REPORTING PERIOD ENDORSEMENT SETTLEMENT AMENDATORY ENDORSEMENT PENSION TRUST LIABILITY EXTENSION SHARED LIMIT CRISIS MANAGEMENT ENDORSEMENT
<u>ADDITIONAL FORMS AND ENDORSEMENTS</u>	

COMPANY

**DIRECTORS, OFFICERS, INSURED ENTITY AND EMPLOYMENT PRACTICES
INSURANCE COVERAGE PART**

THIS IS A CLAIMS MADE AND REPORTED COVERAGE

DECLARATIONS

POLICY NUMBER: BRL8000034

Policy Period: (Mo./Day/Yr.)

From: 02/17/2014 **To:** 02/17/2015 12:01 AM, standard time

COVERAGE A. DIRECTORS AND OFFICERS LIABILITY INSURANCE

ITEM 1. LIMIT OF INSURANCE

Aggregate Limit \$ 1,000,000

ITEM 2. RETENTION (EACH CLAIM) \$ 15,000

ITEM 3. PREMIUM FOR COVERAGE A. \$ 13,799.00

IF THERE IS NO LIMIT OF INSURANCE SHOWN FOR ITEM 1., THIS POLICY
DOES NOT INCLUDE COVERAGE A. DIRECTORS AND OFFICERS LIABILITY INSURANCE.

COVERAGE B. EMPLOYMENT PRACTICES LIABILITY INSURANCE

ITEM 4. LIMIT OF INSURANCE

Aggregate Limit \$ 1,000,000

ITEM 5. RETENTION (EACH CLAIM) \$ 50,000

ITEM 6. PREMIUM FOR COVERAGE B. \$ 0.00

IF THERE IS NO LIMIT OF INSURANCE SHOWN FOR ITEM 4., THIS POLICY
DOES NOT INCLUDE COVERAGE B. EMPLOYMENT PRACTICES LIABILITY INSURANCE.

TOTAL COVERAGE PART PREMIUM

Terrorism Risk Insurance Act of 2002 Premium \$ 0

ITEM 7. TOTAL COVERAGE PART PREMIUM \$ 13,799.00

ITEM 8. FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of the Policy at time of issue:

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS AND
THE INSURED'S APPLICATION FOR THIS INSURANCE.**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

DEL 02 (10/11)